

DUPLICATE BLANK
SIGNED ORIGINAL ON FILE

THE CLEVELAND MUSEUM OF ART

FORTY-FOURTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 16 to JUNE 24, 1962 contact Dr. Nelson - Grey Clinic CE 1-6800

contact Dr. Nelson - Clev.
ext. 464. Mrs. Mahon, sec.

Collaborator if any _____ Artist Edris Eckhardt

Address Womens Faculty Club, College Ave. U. of California, Berkeley 4, Calif. COUNTY Shipping Address _____ Tel. _____
(IF SHIPMENT IS REQUIRED)

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

NUMBER FOR
SALE NUMBER IN
EDITION
(Graphic Prts.) PRICE TITLE MEDIUM CLASS DO NOT WRITE IN
THESE COLUMNS

SUBMIT ENTRY BLANK NO LATER THAN MARCH 19, 1962.

Use second blank if required

Permission to print prices on labels granted unless declined here.

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE